

## PART B - FEE(S) TRANSMITTAL

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2777 7590 05/20/2004  
PHILIP S. JOHNSON  
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Kisha Ties (Depositor's name)  
[Signature] (Signature)  
August 19, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/469399	12/22/1999	DAVID E. EDGREN	ARC2885R1	4929

TITLE OF INVENTION: GASTRIC RETENTION DOSAGE FORM HAVING MULTIPLE LAYERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	NO	\$1330	\$0	\$1330	08/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHOI, FRANK I	1616	424-472000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(A) NAME OF ASSIGNEE

Alza Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Mountain View, CA

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

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- ☐ Issue Fee  
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Fee No.: 32.019

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Issue Fee - 66367

08/20/2004 SHASSEN2 00000133 100750 09469399

01 FC:1501 1330.00 DA  
02 FC:1504 300.00 DA

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

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